

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42336
11155

State File No. 42336
Registrar's No. 11155

FILED JAN 13 1951
BIRTH NO. 23494-50

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bomer G. Phillips Hospital		f. STREET ADDRESS (If rural, give location) 1811 Laflin	
3. NAME OF DECEASED (Type or Print) a. (First) Alois b. (Middle) Bennie c. (Last) Harris		4. DATE OF DEATH (Month) (Day) (Year) 12-20-50	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-21-50
9. AGE (In years last birthday)		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Wiley B. Harris		13b. MOTHER'S MAIDEN NAME Clara Naomi Ellis	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE AND NAME Sarah Ellis-2724	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxia Neonatorum ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) Pneumonitis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		762.0	
22. I hereby certify that I attended the deceased from 12-20-1950, to 12-21-1950, that I last saw the deceased alive on 12-21-1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.			
23a. SIGNATURE John H. Lewis M. D.		23b. ADDRESS 2601 N. Whittier	
23c. DATE SIGNED 12-26-50		24. BURIAL, CREMATION, REMOVAL (Specify)	
24a. DATE Dec 28/50		24b. NAME OF CEMETERY OR CREMATORY Washington Park Cem	
24c. LOCATION (City, town, or county) (State) St. Louis MO		24d. FUNERAL DIRECTOR'S SIGNATURE L. A. Green 4214 Delmar	
DATE REC'D BY LOCAL REG. DEC 28 1950		REGISTRAR'S SIGNATURE J. B. Faraster	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Christal E. Lewis

working under my personal supervision.

Student Embalmer No. *408*

Signed *Christal E. Lewis*
Student Embalmer

Signed

F. A. Green

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

-Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.